



Department of  
Social Services

Human Resources  
Administration

Department of  
Homeless Services

**Office of Contracts**

W-2-196  
Rev. 10/16

December 14, 2018

**Steven Banks**  
Commissioner

**Martha A. Calhoun**  
General Counsel

**Vincent Pullo**  
Agency Chief  
Contracting Officer

150 Greenwich Street  
New York, NY 10007

929 221 6347

**Re: FINANCIAL SERVICES PROVIDER(S)  
TO HOST AND EXECUTE A BANKING  
ACCESS FEATURE ON A DUAL  
INTERFACE IDNYC SMART CHIP CARD  
EPIN: 09619N0008**

Dear Potential Applicant:

The City of New York/IDNYC and its administering agency, the Department of Social Services, in conjunction with the Mayor's Office of Immigrant Affairs ("The City"), seeks one appropriately qualified financial services provider(s) to host and execute a payment and banking feature on a dual interface smart chip on the IDNYC card as detailed in this solicitation.

The chip will support banking and payment services with vendors around the world, promoting financial inclusion for all New Yorkers. It will also enable the City to provide additional services to cardholders, such as offering a payment vehicle to participate in the MTA's planned contactless fare system. The financial partner will provide IDNYC cardholders with a mixture of card funding/loading options that are accessible to the various populations that IDNYC serves, including unbanked and underbanked individuals, cardholders with bank accounts, senior citizens, students, and immigrants, regardless of immigration status. The selected financial services provider will ensure that the smart chip and supporting policies protect cardholder information, as outlined below. The purpose of this initiative is to broaden financial access for New Yorkers by providing a new option for accessible, convenient, and affordable banking services.

**Contract Term and Payment Structure**

The City is seeking applications from financial service providers that can begin providing services on January 1, 2020. It is anticipated that the contract(s) resulting from this solicitation will be at least three years in duration, and may be up to nine years total at the sole discretion of the City of New York.

A Question and Answer Period will end on December 28, 2018. Please email all questions to the Authorized Contact Person noted below:

**Application Process**

Attached is the Application for the Financial Services Provider(s) To Host and Execute A Payment Feature On A Dual Interface IDNYC Smart Chip Card and the Overview and Scope of Service which will assist you in completing the application.

**Application Due Date, Time and Location**

**Any organization interested in providing the subject services should complete an application consisting of one original set and six (6) duplicate originals, and a flash drive, and one original Doing Business Data Form, and HAND DELIVER it by 2 p.m. on Tuesday, January 8, 2019, to:**

**NYC Department of Social Services  
NYC Human Resources Administration  
Office of Contracts  
Request for Proposals (RFP) Unit  
150 Greenwich Street, 37<sup>th</sup> floor, Bid Window  
New York, N.Y. 10007**

**Any inquiries regarding the Application Process should be directed to the following Authorized Agency Contact person:**

**Sarah Quehrn at  
Email Address: [quehrns@dss.nyc.gov](mailto:quehrns@dss.nyc.gov)  
Telephone: (929) 221-7598**

Thank you for your interest in these important services.

Sincerely,  
  
Vincent Pullo

Attachments

**ATTACHMENT A – Overview and Scope of Services**  
**FINANCIAL SERVICES PROVIDER(S) TO HOST AND EXECUTE A**  
**PAYMENT FEATURE ON A DUAL INTERFACE IDNYC SMART CHIP**  
**CARD**  
**EPIN: 09619N0008**

**Overview and Scope of Services:**

**SECTION I – General Information**

IDNYC and its administering agency, the Department of Social Services, in conjunction with the Mayor's Office of Immigrant Affairs (the "City"), seeks one qualified financial services provider(s) to host and execute a payment and banking feature for a dual interface smart chip in the IDNYC card as detailed in this solicitation.

The chip will support banking and payment services with vendors around the world, promoting financial inclusion for all New Yorkers. It will also enable the City to provide additional services to cardholders, such as offering a payment vehicle to participate in the MTA's planned contactless fare system. The financial partner will provide IDNYC cardholders with a mixture of card funding/loading options that are accessible to the various populations that IDNYC serves, including unbanked and underbanked individuals, cardholders with bank accounts, senior citizens, students, and immigrants, regardless of immigration status. The selected financial services provider will ensure that the smart chip and supporting policies protect cardholder information, as outlined below. The purpose of this initiative is to broaden financial access to New Yorkers by providing a new option for accessible, convenient, and affordable banking services.

The following outlines the desired qualifications and competencies of a provider. To be eligible for a contract from this solicitation, the proposer must be able to meet these requirements. The City will give greater consideration to the proposer offering the most competitive product at the most competitive pricing to cardholders.

**SECTION II – Scope of Services**

**Provider Qualifications** – The proposer should meet the following qualifications:

1. Relevant regulatory and compliance requirements to operate payment processing services in New York.
2. Existing capabilities to process both EMV contact and contactless chip-based, and magnetic strip-based cards.
3. An existing customer base with EMV chip-based cards.

4. An existing customer service department to support Provider's customer base, including with adequate language access support for limited English proficient New Yorkers.
5. Capabilities for scaling up operations to service potentially 1 million new customers in the next 12 months.
6. Multiple channels to support their customers, including online portals, smart phone apps, and over the phone assistance.
7. Storefronts or relationships with other institutions that have a storefront capability to reload value on the card.
8. Existing capability to service underbanked and unbanked customers.
9. Willingness to innovate and to work with partners of IDNYC.
10. A financial services firm, bank, fintech firm, or payments gateway are examples of potential partners.

If the proposer intends to partner with another organization to provide these services, the qualifications and deliverables of both organizations must be outlined in the proposer's proposal. The proposal must be specific as to each partner's individual qualifications.

**Requirements** – The proposer should be able to meet the requirements outlined below. The City will review proposers who can meet the performance requirements below through alternative processes; however, greater consideration will be provided to those providers who can meet the requirements below.

**A. Technical** – This dual interface, chip-enabled IDNYC card should be a physical form factor containing multiple features that need to be activated. Each product has a use case for a specific consumer segment. Proposers should have infrastructure in place to support this project in order to meet the time requirements.

The card will include a dual interface (contact/insert and contactless) EMV smart chip, a magnetic stripe, and a CCV (Card Verification Value) code. The proposer should be able to support contact/insert and contactless payments, technical fallback transactions via magnetic stripe, and CVV authentication.

The proposer should expect to work closely with IDNYC's card manufacturer to ensure that all requirements are incorporated into the card. The card must comply with ISO 7816 (contact), 14443 A/B (contactless), and 7813 (magnetic stripe) standards. The proposer should expect to support card readers for contactless payments, chip insert payments and magnetic stripe payments. The proposer should also expect payments to be supported in USA as well as other global Point of Sale (POS) locations.

**B. Privacy** – Cardholder privacy is of utmost importance to the IDNYC contact/contactless payment initiative. The proposer should support robust protections of all personal information and maintain the confidentiality of the cardholder's participation in the IDNYC program. Users must be confident that their day-to-day use of the card will not compromise or inappropriately disclose any personally identifying

information. Data collected through the financial institution cannot be shared with any entity other than the City of New York, except as required by law or with the consent of the cardholder.

These security measures must include the following:

1. No Personal Account Number (PAN) or other account number shall be printed on the card.
2. The proposer must maintain strong confidentiality protections. The responder must describe the measures it will undertake to protect confidentiality of cardholder information.
3. The proposer must provide account coding infrastructure.

The proposer should provide clear, plain language information for cardholders explaining privacy policies, protections, and rules on information disclosure and data retention.

The proposer may not share a cardholder's personal, account, or transaction information, except as required by law or with the consent of the cardholder. The proposer must contractually commit to providing the City with notice of receipt of any subpoena, where legally permissible, for cardholder account information in order to potentially provide an opportunity for the City to intervene to protect cardholder information.

The response should outline in detail how cardholder information will be protected.

**C. Accounts and Activation** – The solution should offer two separate account options: an open-loop transaction account and a limited-purpose closed-loop value-load account. The solution should allow the cardholder to opt in to either or both account options.

The open-loop option would offer an account that supports transactions with vendors around the world. Cardholders must be able to deposit, withdraw, send, and receive funds through multiple means, at access points throughout the city (see section D below). The proposer must be able to support advanced payment features, including check cashing, bill pay, and wire transfer capabilities.

As an alternative for cardholders who do not wish to open a bank account, the limited-purpose closed-loop option would allow cardholders to add funds to an account to pay for transactions with specified vendor systems, such as the MTA's planned contactless fare system.

Account activation should be simple, accessible, and secure. The proposer would be able to support the following:

1. Allow customers to use an IDNYC card as their primary ID to activate an account.

2. Allow customers to activate accounts through a variety of means, including some combination of online, by phone, in person, or other option. Please provide detail.
3. Allow cardholders to use an Individual Taxpayer Identification Number (ITIN) to open an account.
4. Provide clear, plain-language instructions for account activation, as well as explanation of account terms and data retention policies, available in all *Local Law 30* languages (Spanish, Chinese, Russian, Bengali, Haitian Creole, Korean, Arabic, French, Urdu, and Polish).

**D. Fee Structure and Account Access** – Proposers should offer a low-cost fee structure that is accessible to all New Yorkers. Finalization of the cost schedule shall be required before award.

The proposer should be able to minimally provide the following:

- Online account management including balance inquiry and money transfer.
- Ability to load value via cash, credit or direct transfer.
- ATM access in every zip code in New York City.
- Broad ATM Network access (ex. Allpoint).
- Bank teller access.
- Notifications of account inactivity charges at least one month in advance of incurring a charge (via text and email).
- Ability for customers to check account balance and add value online. If the proposer can offer a mobile app loading option, please detail.
- Ability for customers to link an existing bank account or credit card with their IDNYC account.
- Clear, plain-language descriptions of all fees, protections, and privacy policies, listed in a prominent location, and available in all *Local Law 30* languages (Spanish, Chinese, Russian, Bengali, Haitian Creole, Korean, Arabic, French, Urdu, and Polish).

The proposer's response should outline all fees. Proposers should offer a competitive fee structure, including the following:

- Free ATM withdrawals. Please specify amount of free withdrawals and fees thereafter.
- Free withdrawals at bank tellers. Please specify amount of free withdrawals and fees thereafter.
- Free cash loads. Please specify amount of free withdrawals and fees thereafter.
- \$0 monthly fees.
- \$0 minimum balance requirement.
- \$0 transaction fees and unlimited transactions.
- Discounted rate to send money abroad/remittances.
- \$0 to transfer funds in from/out to another account.
- Minimal inactivity fees with advance notice to cardholders of potential fee accrual. These are industry standard fees that are applied on a monthly basis to an account that lays dormant for a certain period of time.

- \$0 account closing.

The proposer should disclose any and all fees not accounted for in the aforementioned list. The proposer must also provide clear plain language descriptions of all fees to cardholders in all *Local Law 30* languages (Spanish, Chinese, Russian, Bengali, Haitian Creole, Korean, Arabic, French, Urdu, and Polish). Please specify in your application what fees would be applicable, and provide the corresponding price or fee schedules.

**E. Customer Service** – The proposer should provide robust customer service infrastructure, able to support inquiries by phone, via email, and/or live chat. Customer support must be able to support questions, concerns, and general inquiries, including but not limited to: PIN renewals, account balances, payments, POS or loading, troubleshooting, fraud monitoring, and account suspension services. Telephonic interpretation support must be available in all *Local Law 30* languages (Spanish, Chinese, Russian, Bengali, Haitian Creole, Korean, Arabic, French, Urdu, and Polish).

**D. Consumer Education and Outreach** – A robust, multilingual Consumer Education and Outreach program designed to engage, empower, and inform New Yorkers of the benefits and services available through the program and its partners. The goal of the Consumer Education and Outreach program is to help educate and empower cardholders. The proposer and IDNYC will work together to help cardholders learn about financial empowerment.

The proposer will be required to fund and support outreach and consumer education efforts. In this response, details should be submitted to show the support the proposer plans to provide.

### **SECTION III – Format and Content of Application**

Proposers should provide all the information requested. Applications should be typed on both sides of 8 1/2" X 11" paper. The application should not exceed 12 pages (not including attachments). Pages should be paginated.

Proposer should identify the portions of their proposals that they deem to be confidential information, proprietary information, or trade secrets, and provide justification for why such materials should not be disclosed by the City. Such information must be easily severed from the non-confidential sections of the application. Proposer should note that the City might be required to disclose non-confidential portions of their applications in the future.

The application should contain the following. Please utilize the Application appended to this document.

**A. Application Cover Sheet** – The cover sheet should provide contact information, including, the legal name of your firm or entity, business address, name of contact, telephone, email and Federal Tax Identification number (EIN),

for the vendor. If multiple vendors are forming a team to submit qualifications, please submit this information for all vendors on the team.

**B. Application Content** – Applicants should provide all the information requested. The application should also respond to the following points of interest:

- Experience – Please describe your organization’s experience providing services to the various populations that IDNYC serves, specifically:
  - i. Experience providing services to unbanked or underbanked individuals;
  - ii. Ability to support the linguistic needs of IDNYC cardholders.
  - iii. Experience providing financial services for a municipality, if applicable.
- Organizational Capacity and Cultural and Linguistic Competencies Capacity – Please provide an account of your organization’s experience and capacity to provide the proposed services.
- Organizational Plan – Please describe your organization’s ability to meet all aforementioned requirements. Your plan should include:
  - i. A detailed description of the proposed plan.
  - ii. Evidence to support its success and outcome measures.
  - iii. Timeframe for implementation and delivery of product and services.
  - iv. Detailed phases of plan to provide continuity of services and achieved targeted outcomes for plan goals.

**C. Business References** – contact information for three business references. Form included below.

**D. Doing Business Data Form** – included below.

## **SECTION IV - PROPOSAL EVALUATION AND CONTRACT AWARD PROCEDURES**

### **BASIS FOR CONTRACT AWARD AND PROCEDURES**

#### **A. Evaluation Procedures**

All proposals accepted by the Agency will be reviewed to determine whether they are responsive or non-responsive to the requisites of this NA. Proposals that are determined by the Agency to be non-responsive will be rejected. The Agency’s Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed below. The Agency reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as the Agency deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, the Agency reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer’s initial proposal should contain its best technical and price terms.

**B. Evaluation Criteria**

Contractors will be selected based on those offers that are determined to be the most advantageous to the City using the following factors, including but not limited to:

- Quantity and quality of successful relevant experience;
- Demonstrated level of organizational capability and Cultural and Linguistic Competencies Capacity;
- Demonstration of Proposed Approach and Organizational Plan and Experience.

**C. Negotiations and Contract Award** – DSS will enter into negotiations with the vendor determined to be the best qualified at the time of evaluation, based on consideration of the above-cited factors. A contract will be awarded to the responsible vendor(s) whose offer(s) is/are determined to be the most advantageous to the City, taking into consideration the price and the other factors set forth in this solicitation. The City, at its sole discretion, reserves the right to not enter into a contract with any vendor.

The contract award shall be subject to the timely completion of contract negotiations between Agency and the selected proposer and a determination of both proposer responsibility and administrative capability.

**APPLICATION - FINANCIAL SERVICES PROVIDER(S) TO HOST AND**  
**EXECUTE A PAYMENT FEATURE ON A DUAL INTERFACE IDNYC**  
**SMART CHIP CARD**  
**EPIN: 09619N0008**

**APPLICANT:**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

\*\*\*\*\*

**Applicant's Contact Person:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone # (Day): \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*\*\*\*\*

**Applicant's Authorized Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION - FINANCIAL SERVICES PROVIDER(S) TO HOST AND  
EXECUTE A PAYMENT FEATURE ON A DUAL INTERFACE IDNYC  
SMART CHIP CARD**  
**EPIN: 09619N0008**

**EXPERIENCE**

Describe and demonstrate in a narrative format, the successful relevant experience of your organization. In the narrative, incorporate the following:

- Experience— Please provide an account of your organization's experience and capacity to provide the proposed services to the various populations that IDNYC serves, specifically:
  - i. Experience providing services that are accessible to the various populations that IDNYC serves, specifically unbanked or underbanked individuals;
  - ii. Ability to support the linguistic needs of IDNYC's cardholders;
  - iii. Experience providing financial services for a municipality, if applicable.

**APPLICATION - FINANCIAL SERVICES PROVIDER(S) TO HOST AND  
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**EPIN: 09619N0008**

**ORGANIZATIONAL CAPABILITY AND CULTURAL AND LINGUISTIC  
COMPETENCIES**

**Describe and demonstrate in a narrative format the applicant's Organizational Capability and Cultural and Linguistic Competencies and incorporate the following:**

- i. Ability to support the linguistic needs of IDNYC's cardholders;
- ii. Experience providing financial services for a municipality, if applicable.
- iii Ability to engage and support diverse needs, applying innovative strategies to offer services.

**APPLICATION - FINANCIAL SERVICES PROVIDER(S) TO HOST AND  
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SMART CHIP CARD**  
**EPIN: 09619N0008**

**ORGANIZATIONAL PLAN**

**Describe and demonstrate in a narrative format the applicant's organizational plan and incorporate the following:**

- **Organizational plan – Please describe your organization's ability to meet all aforementioned requirements. Your plan should include:**
  - i. **A detailed description of the proposed plan.**
  - ii. **Evidence to support its success and outcome measures.**
  - iii. **Timeframe for implementation and delivery of product and services.**
  - iv. **Detailed phases of plan to provide continuity of services and achieved targeted outcomes for plan goals.**

**APPLICATION - FINANCIAL SERVICES PROVIDER(S) TO HOST AND**  
**EXECUTE A PAYMENT FEATURE ON A DUAL INTERFACE IDNYC**  
**SMART CHIP CARD**  
**EPIN: 09619N0008**

**REFERENCES**

**Please provide the contact information for three (3) references:**

**1. Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone # (Day):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

\*\*\*\*\*

**2. Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone # (Day):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone # (Day):** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

## Doing Business Data Form

To be completed by the City agency prior to distribution

Agency: DSS/HRA

Transaction ID: EPIN: 09819N0008

Check One:

Transaction Type (check one)

 Proposal    Award    Concession    Economic Development Agreement    Franchise    Grant    Pension Investment Contract    Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York, as will the organizations that own 10% or more of the entity. No other information reported on this form will be disclosed to the public. This Data Form is not related to the City's PASSPort registration or VENDEX requirements.

Please return the completed Data Form to the City office that supplied it. Please contact the Doing Business Accountability Project at [DoingBusiness@mocs.nyc.gov](mailto:DoingBusiness@mocs.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

## Entity Information

If you are completing this form by hand, please print clearly.

Entity EIN/TIN \_\_\_\_\_ Entity Name \_\_\_\_\_

## (Select One)

Entity has never completed a Doing Business Data Form. Fill out the entire form.

Change from previous Data Form dated \_\_\_\_\_ Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.

No Change from previous Data Form dated \_\_\_\_\_ Skip to the bottom of the last page.

Entity is a Non-Profit    Yes    NoEntity Type    Corporation (any type)    Joint Venture    LLC    Partnership (any type)    Sole Proprietor    Other (specify) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Provide your e-mail address in order to receive notices regarding this form by e-mail.

## Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the Doing Business Database, and indicate the date that the change became effective.

## Chief Executive Officer (CEO) or equivalent officer

*The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.* This position does not exist

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

 This person replaced former CEO \_\_\_\_\_ on date \_\_\_\_\_

## Chief Financial Officer (CFO) or equivalent officer

*The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.* This position does not exist

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

 This person replaced former CFO \_\_\_\_\_ on date \_\_\_\_\_

## Chief Operating Officer (COO) or equivalent officer

*The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.* This position does not exist

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

 This person replaced former COO \_\_\_\_\_ on date \_\_\_\_\_

## Principal Owners

Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, own or control 10% or more of the entity. If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the Senior Managers section. If the entity is owned by other companies that control 10% or more of the entity, those companies must be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals or organizations that are no longer owners at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

The entity is not-for-profit       The entity is an individual       No individual or organization owns 10% or more of the entity

Other (explain) \_\_\_\_\_

**Individual Owners (who own or control 10% or more of the entity)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

**Organization Owners (that own or control 10% or more of the entity)**

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

**Remove the following previously-reported Principal Owners**

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

## Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

**Senior Managers**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

**Remove the following previously-reported Senior Managers**

Name \_\_\_\_\_ removal date \_\_\_\_\_

Name \_\_\_\_\_ removal date \_\_\_\_\_

## Certification

I certify that the information submitted on these two pages and \_\_\_\_\_ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name \_\_\_\_\_ Title \_\_\_\_\_

Entity Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_